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** CONTINUING DATA ***** <i>MA</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>MA</i> Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 19
				INDEPENDENT CLAIMS 4
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TITLE HEALTH AND LIFE EXPECTANCY MANAGEMENT SYSTEM <i>MA</i>				
FILING FEE RECEIVED 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	